

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

16475

State File No. 4724

JUN 4 1943 18

Registration District No.

Primary Registration District No.

1003

Registrar's No.

1. PLACE OF DEATH:

(a) County.....
(b) City or town..... St. Louis
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Bishop Tuttle Swimming Pool
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution.....
In this community..... Life (Specify whether years, months or days)

3. (a) PRINT FULL NAME

GEORGE ALBERT PETERSON

3. (b) If veteran, name war..... NO

3. (c) Social Security No. NONE

4. Sex Male
5. Color or Race White
6. (a) Single, widowed, married, divorced..... Single
6. (b) Name of husband or wife.....
6. (c) Age of husband or wife if alive..... years
7. Birth date of deceased..... 5 15 1928
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
15 0 5 hr. min.

9. Birthplace Lutesville Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Student

11. Industry or business Ben Bluett High School

12. Name William Albert Peterson
13. Birthplace Oshkosh Wisconsin
(City, town, or county) (State or foreign country)
14. Maiden name Senie Bridgman
15. Birthplace Lutesville Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant Mr. W. A. Peterson
(b) Address 1375a Semple Avenue
17. (a) Burial (b) Date thereof 5-22-1943
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Valhalla Cemetery
18. (a) Signature of funeral director Alexander & Sons
(b) Address 6175 Delmar Blvd.

19. (a) MAY 22 1943 (b) J. R. Brudick
(Date received local registration) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County.....
(c) City or town..... St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 1375a Semple Avenue
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country.....

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 20
year 1943 hour 8 minutes 55 P. M.

21. I hereby certify that I attended the deceased from....., 19....., to....., 19.....;
that I last saw him..... alive on....., 19.....;
and that death occurred on the date and hour stated above.

Immediate cause of death.....
Drowning Status Thymice
Lymphatic while swimming
Due him a Pool at Bishop Tuttle
Memorial Building about 8:30 PM
Due to 5-20-43

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations.....

Of autopsy.....

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) Accident 10:11
(b) Date of occurrence 5-20-43
(c) Where did injury occur? St. Louis (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?
Public Place (Specify type of place)
While at work? (e) Means of injury.....
23. Signature Thomas F. Callahan (M. D. or other)
Address Deputy Coroner Date signed 5-22-43

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

....., Registered Apprentice No.
working under my personal supervision.

Signed.....

Thomas F. Demwick

Licensed Embalmer No.

3793

P. O. Address.....

St Louis Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.